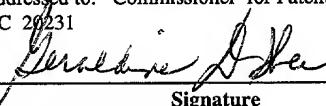
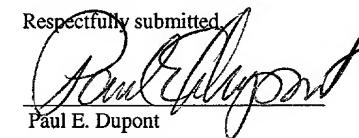


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A

UTILITY PATENT APPLICATION TRANSMITTAL		CERTIFICATE UNDER 37 C.F.R. 1.10 Docket No. 62605-11			
<i>(Only for new nonprovisional application under 37 CFR 1.53(b))</i>		Express Mail Label No.: EL676470650US Date of Deposit: December 17, 2001 I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service on the date indicated above, and is addressed to: Commissioner for Patents, Box Patent Application, Washington, DC 20231  Signature			
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231			
<table border="0"> <tr> <td style="vertical-align: top; width: 50%;"> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages 77 <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Sequence Listing or a Table Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 6</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration/ Power of Attorney</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Application Data Sheet (<i>See 37 CFR 1.76</i>)</p> </td> <td style="vertical-align: top; width: 50%;"> <p>6. <input type="checkbox"/> CD-Rom or CD-R, Large Table or Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </td> </tr> </table>				<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages 77 <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Sequence Listing or a Table Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 6</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration/ Power of Attorney</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Application Data Sheet (<i>See 37 CFR 1.76</i>)</p>	<p>6. <input type="checkbox"/> CD-Rom or CD-R, Large Table or Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
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ACCOMPANYING APPLICATION PARTS <table border="0"> <tr> <td style="width: 50%;"> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i)</p> <p>15. <input checked="" type="checkbox"/> Other: <u>Citation of References</u></p> </td> </tr> </table>				<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i)</p> <p>15. <input checked="" type="checkbox"/> Other: <u>Citation of References</u></p>	
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<p>16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no: 08/951,873</p> <p>Prior Application Information: Examiner: <u>J. Goldberg</u> Group Art Unit: <u>1614</u></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>					
17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address Below			
		Respectfully submitted  Paul E. Dupont Sanofi-Synthelabo Inc. 9 Great Valley Parkway Malvern, PA 19355 Telephone No.: (610) 889-6338 Facsimile No.: (610) 889-8799			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Division Under 37 C.F.R. 1.53(b)
Application of: Lee et al.

Prior Application Serial No.: 08/951,873

Prior Filing Date: October 17, 1997

Prior Group Art Unit: 1614

Anticipated Classification of this Application:
Class 514 Subclass 243.000

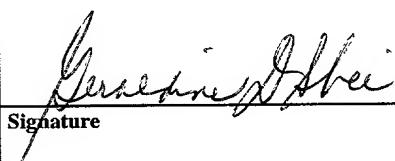
Examiner: J. Goldberg

For: **1,2,4-BENZOTRIAZINE OXIDES AS
RADIOSENSITIZERS AND SELECTIVE
CYTOTOXIC AGENTS**

Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

CERTIFICATE UNDER 37 C.F.R. 1.10Express Mail Label Number: EL676470650USDate of Deposit: December 17, 2001

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service on the date indicated above and is addressed to: Commissioner for Patents, Box Patent Application, Washington, DC 20231



Signature

FEE TRANSMITTAL FORM

The filing fee for the above-identified has been calculated as shown below:

<u>Claims as Filed</u>					
	Number Filed		Number Extra	Rate	Basic Fee
Total Claims	26	-20 =	6	X \$ 18.00 =	108.00
Independent Claims	4	- 3 =	1	X \$ 84.00 =	84.00
Multiple dependent claims(s), if any				\$280.00 =	
Total Filing Fee:					\$932.00

Please charge the following fees to Deposit Account No. 19-0091.

- Filing Fee of **\$932.00**
 Assignment recordal fee of \$

Please charge any additional fees under 37 CFR 1.16 which may be required, or credit any overpayment, to Deposit Account No. 19-0091. A **duplicate** copy of this sheet is enclosed.

This application is being filed by "Express Mail" as of the date of this letter pursuant to 37 CFR 1.10(b).

Date: 12/17/01



Paul E. Dupont
Reg. No. 27,438

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